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SUBJECT:

Health Care Quality Units

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SCOPE:

Administrative Entity Directors and Administrators
County Mental Health and Mental Retardation Directors and Administrators
Supports Coordination Entity Directors
Intellectual and Developmental Disabilities Service Providers
Health Care Quality Unit Directors

PURPOSE:

The purpose of this Bulletin is to describe Health Care Quality Units (HCQUs) and their functions, as well as the roles and responsibilities of Administrative Entities (AEs), County Programs, and providers related to HCQUs.

BACKGROUND:

National surveys have shown that people with intellectual and developmental disabilities are less likely than the general population to access appropriate physical and behavioral health care. There are a number of reasons for this decreased access, including difficulties with communication, lack of knowledge about people with intellectual and developmental disabilities, and incomplete medical records.

Not all communities include health care practitioners who are knowledgeable about the unique health care issues that face people with intellectual and developmental disabilities. In addition, not all health care practitioners are practiced in communicating effectively with provider agencies, supports coordinators, and planning teams. The individual and their families, Supports Coordinators, providers, and others who support people in community settings need resources to help them work together with doctors, hospitals, and other community health care practitioners to effectively address the clinical needs of people with intellectual and developmental disabilities living in the community.

In 1997, the Office of Developmental Programs (ODP) and its Planning Advisory Committee (PAC) developed the Multi-Year Plan (MYP). A major focus of the

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The Appropriate Regional Office

planning group was to address issues related to health, safety and the quality of services for people with intellectual and developmental disabilities. Enhancing the quality of individual health and safety and building the capacity of the ODP system to address these issues were identified during the development of the MYP. In response to these needs, ODP initiated the concept of HCQUs as a statewide model to support the community developmental support system. The HCQUs are designed to forge a connection between the community developmental programs and local health care systems to improve the quality of health and health care for people receiving services in the ODP system.

DISCUSSION:

HCQUs have been developed in response to the identification of the need for increased knowledge around health and medical issues within the ODP system. They are charged with helping to accomplish the following:

- Build capacity and competency within the ODP and health care systems, including the local medical community.
- Develop community-based strategies to work with both health care and ODP providers to meet the physical and behavioral health care needs of individuals with intellectual and developmental disabilities.
- Build bridges between individuals with intellectual and developmental disabilities, the people supporting them, and those providing their health care.

HCQUs contract with the AE or County Program and are responsible to gather and analyze information about the health status and needs of the population of people receiving services through the Pennsylvania ODP community delivery system.

HCQUs are units comprised of clinicians and others with expertise in the areas of intellectual and developmental disabilities and health care. HCQUs are intended to improve the quality of health care and health for people with intellectual and developmental disabilities in Pennsylvania by providing training and technical assistance to improve communication and understanding between the individual and all members of an individual's health care team. This is accomplished by:

- teaching non-medical people to be more knowledgeable regarding health care issues.
- teaching medical personnel to be familiar with intellectual and developmental disabilities.
- teaching medical personnel about the ODP service delivery system.
- teaching medical personnel about the prevalence of health issues in people with intellectual and developmental disabilities.

The ultimate goal of the HCQUs is to provide stakeholders in the ODP system with the tools to help individuals live a full and healthy life. The increased quality of interaction and knowledge about health care issues leads to better home disease management, health promotion, and disease prevention activities and

contributes to improving the health of individuals receiving services. Better health leads to increased ability to participate in community life.

The primary activities of the HCQUs, related to both physical and behavioral health, include:

- building community capacity and competency within the ODP and health care systems.
- helping reach state and regional quality improvement goals.
- assisting in the identification of community health care resources.
- providing clinical health care expertise to bridge the communication and knowledge between the health-care providers and ODP providers.
- health-related training.
- providing health advocacy.
- gathering information about health.
- analyzing health indicators for people.
- analyzing systems of care.

The majority of the above activities are focused on individuals residing in licensed settings.

The HCQUs emphasize the principles of health and welfare inherent in the philosophy of *Everyday Lives* that guides the ODP service system. These principles are reiterated in Bulletin 00-03-05, *Principles for the Mental Retardation System*. The Bulletin notes under the principle of safety that “people want services that ensure individual health and safety without being overprotective or restricting them.” The HCQUs will provide health care training and technical assistance to help individuals, their families, their providers and others involved in their lives to support or enhance their lives in relation to their health and well-being.

POLICY:

HCQUs focus on health-related quality improvement for people with intellectual and developmental disabilities who are supported by the ODP system. The following information describes the core functions for management and implementation:

Roles, Activities, and Structure

A. Roles

1. AE or County Program
 - a. Multiple contiguous AEs or County Programs partner to contract with a HCQU in order to create a viable entity. All Pennsylvania AEs and County Programs are expected to participate in a HCQU consortium.

- b. Each AE or County Program consortium contracts with a HCQU. For each consortium, one AE or County Program is designated as the lead for purposes of administering and monitoring the HCQU contract.
- c. The lead AE or County Program is the contracting agent with the HCQU. As part of the contract, a formal written agreement describes the relationship between the HCQU and the AE or County Program consortium and the operations that the HCQU is expected to perform for the consortium. The agreement includes the mechanisms to be used to interact with the HCQU and to provide cooperative local oversight and direction of the HCQU.
- d. The AE or County Program consortium specifies in the written agreement among the AEs or County Programs the relationships between the AEs or County Programs and the consortium. The AEs or County Programs and the HCQU establish and maintain a process by which HCQU activities are identified, directed, and reviewed. The HCQU reports to the AE or County Program consortium in a manner designated by that consortium and it is responsible to that group for performance of activities as specified in the contract.
- e. HCQU activities will be part of, but not limited to, those within the context of the Quality Management plan of the AE or County Program as required in the current “Administrative Entity Operating Agreement”.
- f. The lead AE or County Program is the designated consortium representative for statewide HCQU activities.
- g. Each AE or County Program identifies a person who will serve as the primary contact for the HCQU. That person acts as liaison between the AE or County Program and the HCQU to assure that each AE or County Program is actively engaged in the direction of HCQU activities. This individual is responsible for the process to initiate requests from the AE or County Program to the HCQU.
- h. The AE or County Program consortium is responsible for evaluating the performance of the HCQU. Each AE or County Program in the consortium participates in the monitoring of the HCQU to ensure that work tasks and responsibilities are completed.

2. HCQU

- a. The HCQU gathers and analyzes information about health, health care, health risks, and health-related policy and provides that information to relevant stakeholders.
- b. The HCQU functions as part of the quality improvement activities related to health and well-being for individuals served. These activities are outlined in “HCQU Activities” section of this document.
- c. The HCQU assists with the understanding of health-related information, but does not have a regulatory or enforcement role.
- d. The HCQU directors and the lead AE or County Program representatives will meet regularly with ODP clinical staff and the

regional offices to review and discuss HCQU activities and direction. This group, with the concurrence of the AEs or County Programs, is charged with developing standard activities, data collection, and reporting requirements to be done by all HCQUs.

- e. The HCQU will provide health-related technical assistance to the AE or County Program.

3. Intellectual and Developmental Disabilities Service Provider

- a. The Provider will respond to HCQU and AE or County Program requests through procedures established by the AE or County Program consortium and the HCQU. Consistent procedures will be adopted for statewide activities.
- b. The Provider will participate in HCQU training, technical assistance, and activities.
- c. The Provider will provide feedback to the HCQU and the AE or County Program about HCQU activities and performance.
- d. The provider will provide follow-up to specific health issues and situations to the AE or County Program including the individual's Supports Coordinator.

4. ODP

- a. ODP will prescribe some tools and processes to be used to gather population health-related data for analysis, training and technical assistance protocols. ODP in conjunction with the lead AEs or County Programs will also provide technical assistance to individual HCQUs around direction and issues specific to the HCQU on an as-needed basis.
- b. ODP may attend governance meetings for HCQUs as nonvoting members to provide technical assistance around the direction and operations of the HCQUs as requested by the AE or County Program consortium.
- c. ODP is involved in the training of HCQU personnel. This may include an annual educational event, training about common instruments or health-related topics, or other HCQU-related activities.
- d. ODP has statewide oversight.

B. HCQU Activities

The following outlines HCQU activities:

1. The HCQU provides clinical health care expertise to stakeholders through training and technical assistance. Technical assistance around health care issues should be coordinated with the AE or County Program and supports coordinators as applicable.

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2. The HCQU participates and provides technical assistance to stakeholders through quality improvement activities related to health issues. This includes participation in activities related to the AE's or County Program's Quality Management plan and quality improvement activities.
3. The HCQU advocates for the implementation of healthy lifestyles and habits for people receiving services through the ODP system. This includes increasing knowledge and assistance with the implementation of disease prevention, wellness promotion, and disease management activities.
4. The HCQU gathers information about health-related indicators from individual records to be used to identify the health needs of the population of people in licensed residential intellectual and developmental disabilities settings. This activity may include evaluating the completeness and accuracy of Lifetime Medical Histories, reviewing the provider medical records system, performing prospective health risk profiles, and performing consumer satisfaction surveys. The purpose of these activities is to gather health-related information. This information may also be used by others such as providers, AEs, or County Programs to address identified health care issues for the individual.
5. The HCQU does not take the place of community health care services. It does not provide any direct nursing, medical or other clinical services that are normally provided in a doctor's office, hospital or by a home health agency or other health professionals. It does not provide direct consultations or second opinions regarding individual medical conditions.
6. The HCQUs provide training for stakeholders related to health issues including how to collect health information and how to communicate health information to health professionals. This training also will increase the general health knowledge of stakeholders about specific health issues.
7. The HCQU may review health policies and procedures for both the provider agencies and the AE or County Program. They assist in the development of provider and AE or County Program health-related policies based on best practices in the fields of health care and developmental disabilities regarding behavioral health. The HCQU will promote the latest "Positive Practices" as recognized by ODP.
8. The HCQU provides technical assistance to the provider agencies, AEs, and County Programs regarding the management of health-related incidents. However, they do not conduct investigations of incidents.

9. The HCQU reviews reports of health-related incidents for trends or problem areas identifying agency, AE or County Program, and ODP health-related training and technical assistance needs. They analyze this data and communicate this analysis to the counties. The HCQU and the AEs or County Programs work cooperatively with other stakeholders to identify strategies to address the health-related trends that are identified to improve the health and safety of the people supported in the ODP system. The HCQU also partnering with ODP and the AEs and County Programs will analyze aggregate patterns and trends, providing aggregate agency level data. Such data may include health-related issues such as medication errors, deaths, and injuries in order to develop additional local and statewide strategies to address identified needs.
10. The HCQU may design data collection or survey instruments in addition to the statewide tools to gather information related to health, health care knowledge and health policies and practices. They use this and other data to assist providers and AEs and County Programs in accessing existing clinical and health-related resources in their local community and to develop training programs to meet the provider and AE and County Program level health-related training and technical assistance needs.
11. The HCQU may develop or distribute health-related informational materials to all stakeholders, including families and individuals, in the ODP system. This includes disseminating information on physical and behavioral health best practices developed by state and national experts. HCQUs and ODP shall work together to create and distribute this information.
12. The HCQU assists providers, AEs, and County Programs in learning how to access the Special Needs Units and Member Services departments of managed care organizations and appropriate staff in the Bureau of Managed Care Operations and Fee-For-Service programs. The HCQU facilitates the development of collaborative relationships between providers, individuals, families and local health care practitioners such as hospitals and hospice agencies.
13. The HCQUs promote awareness of health-related community resources and help stakeholders access these services in their communities. HCQUs also provide outreach to community based health resources to pave the way for use of their services and promote awareness of the needs of people with intellectual and developmental disabilities.
14. The HCQUs provide technical assistance to supports coordinators and teams for the integration of health information in Individual Support Plans (ISPs). The HCQU will not complete the health information for

ISPs, but will provide feedback to ODP and the AEs or County Programs about the ISP process.

15. The HCQUs provide technical assistance to providers as needed for the development and enhancement of provider medical record systems. They may also assist providers in the development of quality Lifetime Medical Histories using existing guidelines.
16. The HCQUs will generate reports to communicate information to ODP and the AEs and County Programs. The content of these reports may be specified related to the quality management plans of ODP and the AEs or County Programs. Other reports may be generated as determined appropriate by the HCQUs, AEs, County Programs, and other stakeholders.

C. Structure of HCQUs

1. HCQUs must be organized in a manner to allow independent function from a parent company.
2. Potential conflicts of interest will be considered during the selection process of HCQU candidates. Inherent conflicts of interest include the following entities providing a significant number of direct services to people receiving intellectual and developmental disabilities services within the geographic area of the HCQU:
 - a. Providers of intellectual and developmental disabilities services.
 - b. Providers of behavioral or physical health services.
 - c. Managed care entities.

ODP does not foresee approving direct providers of intellectual and developmental disabilities services within the geographic area of the HCQU. Only HCQU entities with minimal potential conflicts of interest will be considered.

3. The following key HCQU job functions are required. These job functions may be organized or assigned to best meet the operational efficiency of the HCQU. They do not necessarily represent a single position and one individual may perform multiple functions. Where applicable, all clinical personnel should have a current, unrestricted Pennsylvania license. The job functions may only be performed by a professional for whom the task is within the scope of practice of that profession:
 - a. Director: This function includes responsibility for the executive management, strategic planning, and leadership of the HCQU. It provides direction for the HCQU staff and is responsible to the AE or County consortium. It is also responsible for the financial and general administration of the HCQU; oversight of all HCQU

activities including quality improvement; and following the direction provided by the AE or County consortium of the HCQU and ODP. ODP expects that an individual working within the HCQU will perform this critical function.

- b. Coordination of Physical Health Activities: This function includes supervision and coordination of activities related to physical health issues. These activities should include participation in:
 - i. the hiring, training and evaluation of clinical personnel to perform the duties of the HCQU.
 - ii. assisting in the development of HCQU policies and procedures.
 - iii. working in concert with other HCQU personnel to analyze data and design activities related to the HCQU mission.The individual who performs this function should have clinical credentials consistent with the functions.
- c. Coordination of Behavioral Health Activities: This function includes supervision and coordination of activities related to behavioral health issues. This function will work in concert with other HCQU personnel to analyze data and design activities related to behavioral health issues within the scope of the HCQU's work and in conjunction with ODP's behavioral health initiatives. The individual who performs this function should have clinical credentials related to behavioral health.
- d. Coordination of Training Activities: This function includes the coordination of trainings, the review of training content for accuracy, and maintenance of training information. This function requires input from individuals with clinical knowledge and information management expertise.
- e. Information Management: This function includes activities such as design, set-up, training, and on-going technical support for the management of HCQU-related information. It includes:
 - i. acquisition of and support around hardware and software.
 - ii. design, development, and maintenance of HCQU databases.
 - iii. assistance with the preparation of reports and data analysis.
 - iv. working with ODP information management personnel to assure that the HCQU technology is compatible with ODP's technology standards and that the HCQU uses and interfaces with ODP technology where designated.
 - v. working with the AE or County consortium around information technology issues related to the HCQU.
- f. HCQU Clinical Activities: The clinical activities of the HCQU should be carried out by individuals with appropriate clinical credentials (that is, at a minimum, Registered Nurses). This function includes gathering health-related data, training, and providing technical assistance between the HCQU, the local healthcare community, AEs, County Programs and providers. Guidance about the number of staff needed to perform these activities can be provided by ODP.
- g. Additional clinical resources needed to support the activities of the HCQU:

- i. Physical Health Physician: A licensed physician with clinical experience in the practice of a primary care specialty such as internal or family medicine or pediatrics should be identified to provide technical assistance to the HCQU clinical staff around issues related to the clinical practice of medicine and to provide training and liaison with the physician and medical community.
- ii. Psychiatrist: A licensed physician with formal training and clinical experience in the practice of psychiatry should be identified to provide technical assistance to the HCQU clinical staff around issues related to the clinical practice of psychiatry and to provide training and liaison with the physician and medical community around behavioral health issues.

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